

Step-by-Step Instructions for Completing The UB-92 Claim Form For MaineCare Covered Nursing Home Services

Introduction

The UB-92 claim is a billing form maintained by the National Uniform Billing Committee (NUBC). Each payer, including MaineCare, has different requirements for completing specific parts of the claim form.

The MaineCare instructions are adapted from the UB-92 manual developed by the NUBC and approved by the State National Uniform Billing Committee in Maine. For contact information about the NUBC and its manuals, go to <http://www.nubc.org/about.html> and for information about the State Uniform Billing Committee in Maine go to <http://www.aahamme.org/contact.php>. You must have the UB-92 manual to follow these instructions. In many Form Locators (FL), you are asked to go to the UB-92 manual for specific codes or other information.

You are responsible for obtaining your own UB-92 forms; the Maine Department of Health and Human Services (DHHS) doesn't provide them. You can buy the forms at office supply centers and from other sources including:

U.S. Government Printing Office


Mail Stop: IDCC

732 N. Capitol St. NW

Washington, DC 20401

<http://www.gpo.gov/>

Look for these icons

 **Attach** reminds you where you need to attach documentation for this claim.

➔ **Appendix** reminds you to check the Appendices for information such as specialty codes and rates.

UB-92 Appendix 1 is on Page 42.

UB-92 Appendix 2 is on Page 43.

Required, and Not Required, Form Locators

In these instructions, FL is Form Locator.

Form Locators that are not shaded are required for all or most providers.

This is an example of a Form Locator required:

Required:

FL 15: SEX		
<table border="1"><tr><td>15 SEX</td></tr><tr><td> </td></tr></table>	15 SEX	
15 SEX		
Enter the patient's sex as M or F.		
<i>Example:</i>		
<table border="1"><tr><td>15 SEX</td></tr><tr><td>F</td></tr></table>	15 SEX	F
15 SEX		
F		

Form Locators that are not required are shaded.

Not Required:

This is an example of a Form Locator that is not required:

FL 31:		
<table border="1"><tr><td>31</td></tr><tr><td> </td></tr></table>	31	
31		
Not required.		

Please note, although some Form Locators are not required, they are also not shaded. This is because DHHS recommends that you enter special information in these Form Locators. This optional information, such as the patient's account number, will help you in your recordkeeping.

Unless these instructions say that a Form Locator must be left blank, you may use Not Required Form Locators for your own business purposes.

Examples and Additional Help

The instructions for each required Form Locator or field within a Form Locator include an example of what the completed Form Locator or field should look like. In some Form Locators that have special instructions for specific providers, there are additional examples.

The instructions also give you important information and help.

Look for these icons:



Additional Tips on Filing

Here's other important information you need to know before you begin filling out your form:

In addition to the National UB-92 manual, in order to complete the UB-92 form, you must have current CPT (Current Procedural Terminology) of the American Medical Association, ICD-9 (International Classification of Diseases) Diagnostic Codes, or HCPCS (Healthcare Common Procedure Coding System) Codes maintained by the Centers for Medicare and Medicaid Services.

Or,

Use the Procedure Codes in Chapter III of the *MaineCare Benefits Manual* policy section under which you bill. You may access these codes at the following website: <http://www.maine.gov/sos/cec/rules/10/ch101.htm>

The required format for a birth date is MMDDYYYY. (Example: January 19, 1947 = 01191947)

The alternative date format for dates of service or signature dates is MMDDYY. DHHS will process your claim if you use that format, but we recommend that you transition to the eight-digit Y2K-compliant format.

Whether you fill in your claim form by typing, computer, or handwriting, keep all information within the designated FL. **Do not** overlap information into other form locators. Handwritten claims must be legible.

Mailing Your Claim

Mail your completed claim form to this address:

MaineCare Claims Processing
M-400
Augusta, ME 04333

You may also bill electronically through Electronic Media Claims (EMC) batch billing. Contact the Provider File Unit at 1-800-321-5557, Option 6 (In State only) or 207-287-4082 for more information on electronic billing. You can find additional information on the website for the Office of MaineCare Services (OMS) at: <http://www.maine.gov/dhhs/emc/index.htm>

Instructions for Each Form Locator (FL) on The UB-92 Claim Form

**FL
01, 02**

FL 01:

Enter the provider's name, city, state, and ZIP code. The provider's telephone number is optional, but the phone number helps us if we need to contact you.

Example:

Anytown Nursing Facility 2 County Road Anytown, ME 04000 207-000-0000
--

FL 02:

Not required.



ALERT:

Leave this blank. MaineCare will enter a Transaction Control Number (TCN) here. The TCN will appear on your remittance advice statement (RA) in the left-hand column.

FL 03: PATIENT CONTROL NO.

3 PATIENT CONTROL NO.

Enter the Patient Control number that the provider has assigned.

Example:

3 PATIENT CONTROL NO.
SMI12345



TIP:

A Patient Control number is a unique number assigned to a patient by the provider.

FL 04: TYPE OF BILL

4TYPE OF BILL

Enter the three-digit or four-digit code from the National UB-92 manual for your provider type that indicates the type of bill.

Example:

4TYPE OF BILL
252



ALERT:

Nursing Facilities can only use type of bill:
2 for the first digit
5 or 6 for the second digit and
1, 2, 3, 4, 5, 7, or 8 as the third digit.

The third digit of 7 or 8 cannot be used at this time. Providers will be notified when the replacement of prior claim and void/cancel of prior claim is functional.

FL 05: FED. TAX NO.

5 FED. TAX NO.

Enter the provider's Federal Tax Number (Employer Identification Number/EIN). This number is required for Federal income tax purposes.

Example:

5 FED. TAX NO.

000000000

FL
05 – 07
FL 06: STATEMENT COVERS PERIOD

6 STATEMENT COVERS PERIOD

FROM

THROUGH

In FROM, enter the date that services on this claim began. In THROUGH, enter the date that services on this claim ended, **including the discharge date**, if applicable. If all services were provided on a single day, enter that date in both the FROM and THROUGH fields.

The preferred format is eight digits: MMDDYYYY. Do not use commas, dashes, or slashes in the date.

Example:

6 STATEMENT COVERS PERIOD

FROM

THROUGH

06012006

06032006

**ALERT:**

Inpatient Hospital claims **may** overlap months. All other providers **must** bill no more than one calendar month on a claim form.

FL 07: COV D.

7 COV D.

Enter the number of days covered. The date of admission is a covered day, but the date of discharge is not a covered day.

Example:

7 COV D.

3

**ALERT:**

Do not include the day of discharge as a covered day.

FL 08: N-C D.

8 N-C D.

For inpatient claims, enter the number of days not covered.

 **Attach** an explanation for non-coverage.

Example:

8 N-C D.
1

FL 09: C-I D.

9 C-I D.

Not required.

FL 10: L-R D.

10 L-R D.

Not Required.

FL 11:

11

Not required.

FL 12: PATIENT NAME

12 PATIENT NAME

Enter the member's name in this order: last name, first name and middle initial. The name must be exactly the same as the name printed on the member's MaineCare ID card.

*Example: Member's name is Belle St. Pierre, the MaineCare Card reads St Pierre, Belle with no punctuation, **replace the period with a space as shown on the MaineCare Card.***

Example:

12 PATIENT NAME

St Pierre, Belle



ALERT:

Enter the member's name **exactly** as shown on the MaineCare ID card. If the name does not match, the claim will deny for incorrect name.

FL 13: PATIENT ADDRESS

13 PATIENT ADDRESS

Enter the member's street address, city, state, and ZIP code as a single line.

Example:

13 PATIENT ADDRESS

554 Elm Street, Apt. 3, Any City, ME 04000

FL 14: BIRTHDATE

14 BIRTHDATE

Enter the patient's date of birth. A birth date must be in eight-digit format (MMDDYYYY).

Example:

14 BIRTHDATE
06211951



ALERT:

Birth Date must be in eight-digit format.

FL 15: SEX

15 SEX

Enter the patient's sex as M or F.

Example:

15 SEX
F

FL 16: MS

16 MS

Not required.

FL 17: ADMISSION DATE

ADMISSION			
17 DATE	18 HR	19 TYPE	20 SRC

Depending on your provider type, enter the date the member was admitted to the facility.

The preferred format for the date is eight digits (MMDDYYYY). Do not use commas, dashes or slashes in the date.

Example:

ADMISSION			
17 DATE	18 HR	19 TYPE	20 SRC
06012006			

**FL
17 – 19****ALERT:**

If the admission date is later than the FROM date in FL 6, your claim will deny for invalid dates billed.

FL 18: ADMISSION HR

ADMISSION			
17 DATE	18 HR	19 TYPE	20 SRC

Not required.

FL 19: ADMISSION TYPE

ADMISSION			
17 DATE	18 HR	19 TYPE	20 SRC

Not Required.

FL 20: ADMISSION SRC

ADMISSION			
17 DATE	18 HR	19 TYPE	20 SRC

Not Required.

FL 21: D HR

21 D HR

Not Required

FL 22: STAT

22 STAT

Enter a code indicating patient status as of the ending service date of the period covered on the bill, as reported in FL 6, Statement Covers Period. Please see the National UB-92 manual for specific codes.

Example:

22 STAT
30

FL 23: MEDICAL RECORD NO.

23 MEDICAL RECORD NO.

Not required, but may be useful for the provider.

Enter the number that the provider assigned to the patient's medical/health record.

Example:

23 MEDICAL RECORD NO.
1234blue

FL 24 – 30: CONDITION CODES

CONDITION CODES						
24	25	26	27	28	29	30

If applicable, enter codes used to identify conditions relating to the bill that may affect payer processing. Please see the National UB-92 manual for specific codes.

Example:

CONDITION CODES						
24	25	26	27	28	29	30
AJ	26					



ALERT:

Do not default to zeros in this FL.

FL 31:

31

Not required.

FL 32 – 35: OCCURRENCE CODES AND DATES

32	OCCURRENCE	33	OCCURRENCE	34	OCCURRENCE	35	OCCURRENCE
CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE
a							
b							

If applicable, enter the code and associated date defining a significant event relating to the bill that may affect payer processing. Please see the National UB-92 manual for specific codes.

Example:

32	OCCURRENCE	33	OCCURRENCE	34	OCCURRENCE	35	OCCURRENCE
CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE
a	24	06032006					
b							



ALERT:

Do not default to zeros in this FL.

FL 36: OCCURRENCE SPAN

36 CODE	OCCURRENCE SPAN	
	FROM	THROUGH

If applicable, enter a code and related dates that identify an event that relates to the payment of the claim. Please see the National UB-92 manual for specific codes.

Example:

36 CODE	OCCURRENCE SPAN	
	FROM	THROUGH
78	09082006	09122006



ALERT:

**Do not default
to zeros in this
FL.**

FL 37:

37		
A		A
B		B
C		C

If this is an adjustment claim (void or replace) enter the Transaction Control Number (TCN) of the claim being voided or replaced.

Example:

37	992006115643030000	
A		A
B		B
C		C

Definitions:

Void – deletes the claim or claim line.

Example: If you submit a claim for date of service 12/01/2005 and later realize that you actually saw the member on 12/02/2005 you would void that claim by putting an 8 as the third digit in FL4 and the header TCN of the original claim in this FL. You will receive a remittance statement from MaineCare showing a negative balance because MaineCare took back the original payment. You can then rebill the correct date of service on a new claim form.

Replace – this function voids the original claim and processes the information in FL 42 – 47 as a new claim.

Example: If you submit a claim for July and later receive a rate letter that you have a rate increase effective in July you would put a 7 as the third digit in FL 4 and the original TCN of the header or line in this FL and the corrected information in FL 42 – 47. The system will take back the original payment and process the new information and you will receive a remittance showing a payment for the difference between the original payment and the new claim.



ALERT:

The TCN is the 18-digit code located in the second column on your remittance advice (RA) statement. If you are adjusting a single line item, you must change the last 0 to 1, 2, etc., to reflect the line that you want to void or to replace.

Do not use at this time.

Providers will be notified when the replacement of prior claim and void/cancel of prior claim is functional.



TIP:

Nursing Homes must adjust the whole claim because of cost of care.

FL 38:

38

Not required.

FL 39 – 41: VALUE CODES

39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a
b
c
d

If the MaineCare patient has Medicare as the primary payer, has a spenddown or is responsible for an assessment/cost of care, enter that information in FL 39.

In the Code fields (39, 40, and 41), use the following:


A1 = Medicare Deductible Payer A (B1, C1 . . .)

A2 = Medicare Coinsurance Payer A (B2, C2 . . .)

D3 = Spenddown

Please see the National UB-92 manual for complete instructions and specific codes.

In the Amount fields, after the appropriate code, enter the amount.

 **Attach** the Medicare Explanation of Benefits (EOB) or Spenddown letter to this claim.

Example:

39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a A1	119.00	a A2	63.00	.	.
b	.	b	.	.	.
c	.	c	.	.	.
d	.	d	.	.	.



ALERT:

➔ **Appendix**

See UB-92

Appendix 1 on

page 42 for

specific

instructions for

billing Medicare

coinsurance and

deductible.



TIP:

Providers are not

required to enter

a patient

assessment/cost

of care.

FL 42: REV CD.

Enter a four-digit code that identifies a specific accommodation, ancillary service or billing calculation. See the National UB-92 manual for specific codes. Revenue codes are being revised by the National Uniform Billing Committee and will be published when final.

Example:

	42 REV. CD.
1	0167
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	



ALERT:

MECMS allows 21 lines plus the total (Revenue Code 0001) on line 22. If your claim has more than 22 lines, it cannot be processed.

See Appendix 2
– List of Revenue Codes and HCPCS codes..

FL
43

FL 43: DESCRIPTION

43 DESCRIPTION

Not required.

FL 44: HCPCS / RATES

Enter the appropriate HCFA Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. (When you enter a code, it must be left-justified in this column.)

Example:

44 HCPCS / RATES
06032



ALERT:

This FL is required if you are billing anything except the room code (0167)

See Appendix 2
on Page 47 – List
of Revenue Codes
and HCPCS
codes..

FL 45: SERV. DATE

For **ancillary services**, ex: occupational, physical or speech therapy services, etc., (a series bill), enter the date that the indicated service was provided.

Example:

45 SERV. DATE
05232006
05252006



ALERT:

Nursing Homes cannot bill no more than one calendar month on a single claim form.

FL 46: SERV. UNITS

For inpatient claims, enter the number of days of inpatient accommodations.

For ancillary services, if the same service was provided more than once on the same day, enter the number of units provided. For example, if two physical therapy sessions were provided on the same day, enter two units.

Example:

46 SERV. UNITS
30

 TIP:

For inpatient claims: Count the date of admission, but do not count the date of discharge.

Units must equal the number of covered days in FL 7 or FL7 and FL8.

[illegible]

The figures in column (or FL 47) add up to a **total**, reflected on a separate line item using revenue code 0001.

47 TOTAL CHARGES	
2143	00
967	00



The total number of lines on the claim cannot exceed 22.

[illegible]

Example:

[illegible]

FL 49:

49
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

Not required.

FL 50: PAYER

	50 PAYER
A	
B	
C	

On lines A–C, enter the code that identifies each payer organization from which the provider might expect some payment for the bill.

Lines:

- A - Enter primary payer
- B – Enter secondary payer
- C – Enter tertiary payer

Important: MaineCare is the payer of last resort. Note: If MaineCare is the only payer in FL 50 then FL 54, 58, 59, 60, 61, and 62 are not required.

The payer names must be spelled out:

Medicare
MaineCare
Anthem Blue Cross

Example: If a patient has Anthem Blue Cross, FL 50 would be as follows:

	50 PAYER
A	Anthem Blue Cross
B	MaineCare
C	



ALERT:

Lines in FL 50 must correspond to lines in FL 51, 54, 58, 59, 60, 61, and 62. or FL 39 – 41 if billing after Medicare for Part A charges.

If MaineCare is the only payer in FL50, you are not required to complete FL 54, 58, 59, 60, 61, and 62.

FL 51: PROVIDER NO.

51 PROVIDER NO.

Enter the number assigned to the provider by the payer indicated in FL 50, Lines A, B and C. MaineCare assigns a nine-digit provider ID number to all providers. If MaineCare is secondary, as in the example shown in FL 50, enter the MaineCare provider ID number in Line B.

Example:

51 PROVIDER NO.
123456789
456234600

FL 52: REL INFO

52 REL INFO

Not required.

FL 53: ASG BEN

53 ASG BEN

Not required.

FL 54: PRIOR PAYMENTS

54 PRIOR PAYMENTS
.
.
.

Not required if MaineCare is the only payer.

If there are one or more other payers listed in FL 50, enter the prior payments received from other third party payers, and if billing after Medicare Part B include the Medicare Part B payment and any other third party payment. **If the third party payment exceeds MaineCare reimbursement, no additional payment will be made.**

If you are in a contractual agreement with a private insurance company to accept its payment as payment in full, you cannot bill MaineCare for charges. The claim would be rejected for “no balance due.”

Example:

54 PRIOR PAYMENTS
45 . 00
46 . 00
.



ALERT:

Only enter prior payment(s) from other third party insurance, unless you are billing after Medicare Part B. If you are billing after Medicare Part B, enter the Medicare payment and any other third party payment.

When billing after both Medicare Part A and Medicare Part B you must submit two separate claims.

When billing after Medicare Part A do not put any prior Medicare or MaineCare payments in the FL.

FL 55: EST. AMOUNT DUE

55 EST. AMOUNT DUE
.
.
.

Not required.

FL 56:

56

Not required.

FL 57: DUE FROM PATIENT

57	DUE FROM PATIENT ▶
----	---------------------------

Not required.

FL 58: INSURED'S NAME

	58 INSURED'S NAME
A	
B	
C	

Enter the MaineCare member's name in this order: last name, first name, middle initial. Note: For this Form Locator, MaineCare considers the member as the "insured."

Example:

	58 INSURED'S NAME
A	Smith Susan M
B	Smith Susan M
C	



ALERT:

The member's name must be exactly as shown on the MaineCare ID card.

FL 59: P. REL

59 P. REL

Not required if MaineCare is the only payer.

If the patient is covered by insurance under another policyholder, enter the two-digit code to indicate the patient's relationship to the policyholder. Codes are listed in the National UB-92 Manual.

Example:

59 P. REL
20

FL 60: CERT. – SSN. – HIC. – ID NO.

60 CERT. - SSN - HIC. - ID NO.

Enter the member's MaineCare ID number as shown on his or her MaineCare ID card, or his or her certificate number, or other insurance ID number. Remember to use the appropriate line (A, B or C) that corresponds to FL 50.

Example:

60 CERT. - SSN - HIC. - ID NO.

12345678A



ALERT:

Do not enter the member's Social Security number in place of the MaineCare ID number. This will cause the claim to deny.

FL 61: GROUP NAME

61 GROUP NAME

Not required if MaineCare is the only payer.

If the member is covered by other insurance, enter the insured's Group Name. Primary payer information is required if MaineCare is the secondary payer.

Example:

61 GROUP NAME

Aetna US Health

FL 62: INSURANCE GROUP NO.

62 INSURANCE GROUP NO.

A
B
C

Not required if MaineCare is the only payer.

If applicable, enter the Group Number for the insurance named in FL 61. Primary payer information is required if MaineCare is the secondary payer.

Example:

62 INSURANCE GROUP NO.
11-111-1-111-111-2222

A
B
C

FL 63: TREATMENT AUTHORIZATION CODES

63 TREATMENT AUTHORIZATION CODES	
A	
B	
C	

If services have been prior authorized, enter the following information on lines A–C exactly as indicated below:

Line A – The MaineCare Managed Care Referral number (formerly PrimeCare number).

Line B – Prior Authorization number (PA).
Some services require prior authorization. The source of the PA usually is the Office of MaineCare Services, Professional Claims Review Unit/PA Unit. However, PAs may be authorized by other sources such as MaineCare Eye Care, or the Breast & Cervical Health Program.

Line C – Behavioral and Developmental Services (BDS) Authorization number. This is an internal contract number issued by DHHS.

Example:

63 TREATMENT AUTHORIZATION CODES	
A	050402001
B	
C	



ALERT:

If a member is in an out-of-state facility, before services can be performed and billed, MaineCare must authorize this service and assign a number.

FL 64: ESC

64 ESC

If an insured individual is identified in FL 58, enter the code that defines the employment status of that person.

- 1 – Employed full time
- 2 – Employed part time
- 3 – Not employed
- 4 – Self-employed
- 5 – Retired
- 6 – On Active Military Duty
- 9 – Unknown

Example:

64 ESC
1

FL 65: EMPLOYER NAME

65 EMPLOYER NAME

If the insured person named in FL 58 is employed, enter the name of his or her employer.

Example:

65 EMPLOYER NAME
Acme Auto Shop

FL 66: EMPLOYER LOCATION

66 EMPLOYER LOCATION	A B C

Not required.

FL 67: PRIN. DIAG. CD.

67 PRIN. DIAG. CD.

Enter the patient's primary diagnosis, using an International Classification of Diseases (ICD9-CM) code.

Example:

67 PRIN. DIAG. CD.
319



ALERT:

A primary diagnosis is required. Do not punctuate.



TIP:

If you do not know what diagnosis code to use, ask the member's physician

FL 68 – 75: OTHER DIAG. CODES

OTHER DIAG. CODES							
68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE

Enter the ICD9-CM diagnosis code or codes that identify any additional conditions that co-existed at the time of admission, or any conditions that developed subsequently, and that affected the treatment received or the length of stay. Leave this blank if there are no additional diagnoses.

Example:

OTHER DIAG. CODES							
68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE
496	73300						



ALERT:

Do not
punctuate
the codes.

FL 76: ADM. DIAG. CD.

76 ADM. DIAG. CD.

Not required.

FL 77: E-CODE

77 E-CODE

Not required.

FL 78:

78

Not required.

FL 79: P.C.

79 P.C.

Not required.

FL 80: PRINCIPAL PROCEDURE

80	PRINCIPAL PROCEDURE
CODE	DATE

Not Required.

FL 81: OTHER PROCEDURE

	81	OTHER PROCEDURE	OTHER PROCEDURE
	CODE	DATE	CODE DATE
	A		
OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE
CODE DATE	CODE DATE	CODE DATE	CODE DATE
C	D		

Not Required.

FL 82: ATTENDING PHYS. ID

82 ATTENDING PHYS. ID

Enter the Unique Physician Identification Number (UPIN) of the attending physician, if applicable.

Example:

82 ATTENDING PHYS. ID
1234567890

FL 83: OTHER PHYS. ID

83 OTHER PHYS. ID	a
	b
OTHER PHYS. ID	a
	b

Enter the Unique Physician Identification Number (UPIN) for each additional physician, if applicable.

Example:

83 OTHER PHYS. ID	a
1234567890	b
OTHER PHYS. ID	a
1236543210	b

FL 84: REMARKS

a	84 REMARKS
b	
c	
d	

Use Lines a–d for any necessary remarks. Use the recommended format for remarks.

Example:

a	84 REMARKS Insurance explanation attached.
b	
c	
d	



TIP:

See the National UB-92 Manual for the recommended format.

FL 85: PROVIDER REPRESENTATIVE

85 PROVIDER REPRESENTATIVE	86 DATE
X	

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Enter the signature of the provider or the provider's authorized person. The name must be the name of a person.

A stamped or facsimile signature is acceptable.

“Signature on file” is **not** acceptable.

Example:

85 PROVIDER REPRESENTATIVE	86 DATE
X John M. Doe, M.D.	01012006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

FL 86: DATE

85 PROVIDER REPRESENTATIVE X	86 DATE
--	---------

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

In eight-digit format (MMDDYYYY), enter the date the bill is submitted. The date must be the same date or a date after all dates of service on this claim.

The claim will be rejected if this date is missing or incomplete.

Example:

85 PROVIDER REPRESENTATIVE X John M. Doe, M.D.	86 DATE 01022006
--	---------------------

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

UB-92 Appendix 1

Instructions for billing Medicare Part A claims when MaineCare is secondary:

FL 39 – Enter code A1 (Medicare Deductible or A2 (Medicare Coinsurance) and the amount as shown on the EOMB

FL 42 – Line 1 - Enter Revenue Code 0167 (Room and Board)

FL 42 – Line 2 – Enter Revenue Code 0001 (Total Charges)

FL 46 – Enter the number of Service Units (must equal covered days in FL 07)

FL 47 – Line 1 – Enter the Medicare Allowed Amount

FL 47 – Line 2 – Enter Total Charges

FL 50 – Line A – Enter the word Medicare (Do not use C or C - Medicare

FL 50 - Line B - Enter the word MaineCare

FL 51 – Line A – Enter the Medicare Provider Number

FL 51 - Line B – Enter the MaineCare Provider Number

FL 54 and 55 – Must be left blank (do not enter zeros)

FL 58 – Line A – Enter the insured name (Last name, First name, Middle Initial)

FL 58 – Line B – Enter the insured name (Last name, First name, Middle Initial exactly as shown on the MaineCare ID Card)

FL 60 – Line A – Enter the Members Medicare ID number

FL 60 - Line B – Enter the MaineCare Member ID number. (Do not use the member's social security number in place of the MaineCare number).

Instructions for billing Medicare co-insurance and/or deductible after Medicare Part A with other third party insurance secondary:

FL 39 – Enter code A1 (Medicare Deductible or A2 (Medicare Coinsurance) and the amount as shown on the EOMB

Note: Do not enter coinsurance or deductible amount of the secondary insurance.

FL 42 – Line 1 - Enter Revenue Code 0167 (Room and Board)

FL 42 – Line 2 – Enter Revenue Code 0001 (Total Charges)

FL 46 – Enter the number of Service Units (must equal covered days in FL 07)

FL 47 – Line 1 – Enter the Medicare Allowed Amount

FL 47 – Line 2 – Enter Total Charges

FL 50 – Line A – Enter the word Medicare

FL 50 - Line B - Enter the name of the secondary insurance (ex: Anthem)

FL 50 – Line C – Enter the word MaineCare

FL51 – Line A – Enter the Medicare Provider Number

FL 51 - Line B – Enter the Provider Number assigned by the secondary payer

FL 51 – Line C – Enter the MaineCare Provider Number

FL 54 – Enter the amount paid by the secondary insurance. (Do not enter a prior Medicare or MaineCare payment)

FL 58 – Line A – Enter the insured name (Last name, First name, and Middle Initial)

FL 58 – Line B – Enter the insured name (Last name, First name, Middle Initial.

FL 58 – Line C – Enter the insured name (Last name, First name, Middle Initial exactly as shown on the MaineCare ID Card)

FL 60 – Line A – Enter the Members Medicare ID number

FL 60 – Line B – Enter the member's secondary insurance policy number or certificate number.

FL 60 - Line C – Enter the MaineCare Member ID number. (Do not use the member's social security number in place of the MaineCare number).

FL 61 – Line B – Enter the group name of the secondary insurance

FL 62 – Line B – Enter the group number of the secondary insurance.

Instructions for billing Medicare co-insurance and/or deductible after Medicare Part B (Therapies) with MaineCare secondary:

FL 42 – Line 1 - 21 - Enter Revenue Code (for the appropriate therapy or therapies, as listed in the billing instructions for FL 42)

FL 42 – Line 22 or the line after the last line completed – Enter Revenue Code 0001 (Total Charges)

FL 46 – Enter the number of Service Units (if the same service was provided more than once on the same day, enter the number of units).

FL 47 – Line 1 – Enter the Medicare Allowed Amount

FL 47 – Line 22 or the line after the last line completed – Enter Total Charges

FL 50 – Line A – Enter the word Medicare

FL 50 - Line B - Enter the word MaineCare

FL 51 – Line A – Enter the Medicare Provider Number

FL 51 - Line B – Enter the MaineCare Provider Number

FL 54 – Enter the amount paid by Medicare

FL 58 – Line A – Enter the insured name (Last name, First name, Middle Initial)

FL 58 – Line B – Enter the insured name (Last name, First name, Middle Initial exactly as shown on the MaineCare ID Card)

FL 60 – Line A – Enter the Members Medicare ID number

FL 60 - Line B – Enter the MaineCare Member ID number. (Do not use the member's social security number in place of the MaineCare number).

Note: MaineCare will only make payment up to the maximum MaineCare fee schedule, which in most cases is lower than the co-insurance. Any remaining balance cannot be billed to the member.

Instructions for billing Medicare co-insurance and/or deductible after Medicare Part B (Therapies) with other third party insurance secondary:

FL 42 – Line 1 - 21 - Enter Revenue Code (for the appropriate therapy or therapies, as listed in the billing instructions for FL 42)

FL 42 – Line 22 or the line after the last line completed – Enter Revenue Code 0001 (Total Charges)

FL 46 – Enter the number of Service Units (if the same service was provided more than once on the same day, enter the number of units).

FL 47 – Line 1 – Enter the Medicare Allowed Amount

FL47 – Line 22 or the line after the last line completed – Enter Total Charges in the column

FL50 – Line A – Enter the word Medicare

FL 50 - Line B - Enter the name of the secondary insurance (ex: Anthem)

FL50 - Line C - Enter the word MaineCare

FL 51 – Line A – Enter the Medicare Provider Number

FL 51 - Line B – Enter the Provider Number assigned by the secondary payer

FL 51 - Line C – Enter the MaineCare Provider Number

FL 54 – Enter the amount paid by the secondary insurance and Medicare

FL 58 – Line A – Enter the insured name (Last name, First name, Middle Initial)

FL 58 – Line B – Enter the insured name (Last name, First name, Middle Initial.

FL 58 – Line C – Enter the insured name (Last name, First name, Middle Initial exactly as shown on the MaineCare ID Card)

FL 60 – Line A – Enter the Members Medicare ID number

FL 60 – Line B – Enter the member's secondary insurance policy number or certificate number

FL 60 - Line B – Enter the MaineCare Member ID number. (Do not use the member's social security number in place of the MaineCare number).

FL 61 – Line B – Enter the group name of the secondary insurance

FL 62 – Line B – Enter the group number of the secondary insurance.

Note: MaineCare will only make payment up to the maximum MaineCare fee schedule, which in most cases is lower than the co-insurance. Any remaining balance cannot be billed to the member.

Instructions for billing after third party insurance when MaineCare is secondary:

FL 42 – Line 1 - 21 - Enter Revenue Code (as listed in the billing instructions for FL 42)

FL 42 – Line 22 or the line after the last line completed – Enter Revenue Code 0001 (Total Charges)

FL 46 – Enter the number of Service Units (if the same service was provided more than once on the same day, enter the number of units).

FL 47 – Line 1 – Enter the total charges as billed to the primary insurance

FL 47 – Line 22 or the line after the last line completed – Enter Total Charges in the column

FL 50 - Line A - Enter the name of the secondary insurance (ex: Anthem)

FL50 - Line B - Enter the word MaineCare

FL 51 - Line B – Enter the Provider Number assigned by the primary payer

FL 51 - Line C – Enter the MaineCare Provider Number

FL 54 – Enter the amount paid by the primary insurance plus the contractual adjustment

FL 58 – Line A – Enter the insured name (Last name, First name, Middle Initial.

FL 58 – Line B – Enter the insured name (Last name, First name, Middle Initial exactly as shown on the MaineCare ID Card)

FL 60 – Line A – Enter the member's primary insurance policy number or certificate number.

FL 60 - Line B – Enter the MaineCare Member ID number. (Do not use the member's social security number in place of the MaineCare number).

FL 61 – Line B – Enter the group name of the primary insurance

FL 62 – Line B – Enter the group number of the primary insurance.

Appendix 2

Nursing Home Codes to be used in FL 42 and FL 44

FL 42	Description	FL 44
0167	Room and Board	
0167	Days Waiting Placement	YW
0420	Physical Therapy General	Y9490
0424	Physical Therapy Evaluation or Re-evaluation	Y9490
0429	Physical Therapy Other	Y9490
0430	Occupational Therapy General	ZT493
0434	Occupational Therapy Evaluation or Re-evaluation	ZT493
0439	Other Occupational Therapy	ZT493
0440	Speech Therapy General	6001
0440	Speech Therapy General	6002
0440	Speech Therapy General	6004
0440	Speech Therapy General	6005
0440	Speech Therapy General	6006
0440	Speech Therapy General	6018
0444	Speech Therapy Evaluation or Re-evaluation	6001
0444	Speech Therapy Evaluation or Re-evaluation	6002
0444	Speech Therapy Evaluation or Re-evaluation	6004
0444	Speech Therapy Evaluation or Re-evaluation	6005
0444	Speech Therapy Evaluation or Re-evaluation	6006
0444	Speech Therapy Evaluation or Re-evaluation	6018
0449	Speech Therapy Other	6001
0449	Speech Therapy Other	6002
0449	Speech Therapy Other	6004
0449	Speech Therapy Other	6005
0449	Speech Therapy Other	6006
0449	Speech Therapy Other	6018
0470	Audiology General	6007
0470	Audiology General	6008
0470	Audiology General	6009
0470	Audiology General	6010
0470	Audiology General	6011
0470	Audiology General	6012
0470	Audiology General	6014
0470	Audiology General	6015
0470	Audiology General	6016
0470	Audiology General	6017
0471	Audiology - Diagnostic	6007
0471	Audiology - Diagnostic	6008
0471	Audiology - Diagnostic	6008
0471	Audiology - Diagnostic	6010

FL 42	Description	FL 44
0471	Audiology - Diagnostic	6011
0471	Audiology - Diagnostic	6012
0471	Audiology - Diagnostic	6014
0471	Audiology - Diagnostic	6015
0471	Audiology - Diagnostic	6016
0471	Audiology - Diagnostic	6017
0472	Audiology – Treatment	6007
0472	Audiology – Treatment	6008
0472	Audiology – Treatment	6009
0472	Audiology – Treatment	6010
0472	Audiology – Treatment	6011
0472	Audiology – Treatment	6012
0472	Audiology – Treatment	6014
0472	Audiology – Treatment	6015
0472	Audiology – Treatment	6016
0472	Audiology – Treatment	6017
0479	Audiology – Other	6007
0479	Audiology – Other	6008
0479	Audiology – Other	6009
0479	Audiology – Other	6010
0479	Audiology – Other	6011
0479	Audiology – Other	6012
0479	Audiology – Other	6014
0479	Audiology – Other	6015
0479	Audiology – Other	6016
0479	Audiology – Other	6017